

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 133
 Registered No. 245

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township _____ or Village _____
 City Globe No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Margaret Helen Sobey (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Female To be answered ONLY in event of plural births. } 4. Twin, triplet or other 4 } 5. No., in order of birth _____ } 6. Legitimate? Yes } 7. Date of birth Dec. 7, 1930
 Month Day Year

8. FATHER
 Full name Erwin William Sobey
 9. Residence (Usual place of abode) Globe, Arizona
 If non-resident, give place and state.
 10. Color or race White
 11. Age at last birthday 27 (Years)
 12. Birthplace (city or place) Jackson, California
 (State or country)
 13. Occupation Fireman
 Nature of industry

14. MOTHER
 Full maiden name Doris Mary Mitchell
 15. Residence (Usual place of abode) Globe, Arizona
 If non-resident, give place and state.
 16. Color or race White
 17. Age at last birthday 25 (Years)
 18. Birthplace (city or place) Tombstone, Arizona
 (State or country)
 19. Occupation Housewife
 Nature of industry

20. Number of children of this mother Three } (a) Born alive and now living Three } 21. Were precautions taken against ophthalmia neonatorum? Yes
 (Taken as of time of birth of child herein certified and including this child.) } (b) Born alive but now dead None }
 } (c) Stillborn None }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11:55 A.M. on the date above stated.
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
 Signature T. S. Harper

 Physician (Physician or midwife).

Given name added from a supplemental report _____ Address Globe, Arizona

Month, day, year _____ Filed 1/8 1931 S. E. Wightman
 Registrar Registrar

428-1207-443